



Office of the Town Clerk

51 Bath Road
Wiscasset, ME 04578-4108

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BUSINESS LICENSE APPLICATION

Every person, firm, corporation, LLC, professional association or partnership doing business within the Town of Wiscasset must complete this Application.

Name/Title of Business: _____

Location of Business: _____ Map: _____ Lot: _____

Description of Business: _____

Name and Mailing Address of Owner: _____

Secretary of State Identification Number (If Applicable): _____

Federal Employer or Social Security Identification Number: _____

Business Phone: _____ Emergency Phone Number: _____

New Business Existing Business Ownership/Location Change

Please complete the information below if a motor vehicle is directly associated with business operation (e.g., food delivery, courier services, roadside sales):

Insurance Policy Name: _____ Policy Expiration Date: _____

Driver's License Number of Owner: _____ State: _____

Registration Month: _____ Registration Year: _____

Would you like a link to your business placed on the Town of Wiscasset Website? Yes No

Provide e-mail and web address: _____

I, _____, state that I am _____ of the above name firm or business, and make oath that the information stated above is true and I am aware that all applicable local, state and federal ordinances, laws, rules, and regulations must be complied with before this License can be issued.

Date: _____ Signature: _____

TOWN CLERK

DATE RECEIVED: _____

DATE APPROVED: _____